Approved for use through 7/31/2006 OMB 0661-0032

Under the Paperson Reduction Act of 1996, no persons are required to respond to a collection of information unless a displays a valid OMB control number. U.S. Palent and Tradement Office; U.S. DEPARTMENT OF COMMERCE Substitute for Form PTO-875 Application or Docket Humber Effective December 8, 2004 APPLICATION AS FILED - PART I ъ (Column 1) (Column 2) SMALL ENTITY OTHER THAN OR SMALL ENTITY FOR NUMBER FILED BASIC FEE NUMBER EXTRA RATE (S) (37 CFR 1 15(1) (b) & (c)) FEE () NVA RATE (\$) N/A SEARCHFEE FEE (1) IVA 150.00 (37 CFR 1 16(NJ. (1). or (m)) N/A NA 300.00 N/A EXAMINATION FEE NA (37 CFR 1 16(a). (b). or (a)) N/A NA TOTAL CLAIMS N/A NVA (37.CFR 1 16(1) NA INDEPENDENT CLAIMS minus 20 . X\$ 25 (37 CFR 1 16(N)) X\$50 ÓR minus 3 = X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due FEE . (37 CFR 1 16(4)) is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR | 164)) +180= * If the difference in column 1 is less then zero, enter "O" in column 2. +360= TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) CLAIMS SMALL ENTITY OR OTHER THAN HIGHEST REMAINING SMALL ENTITY AFTER AMENDMENT NUMBER PRESENT 同 6/00 RATE (\$) PREVIOUSLY EXTRA ADDI-RATE (\$) Total presentation PAID FOR TIONAL ADDI: **IENDMI** Minus FEE (S) 12 TIONAL 20 FEE (1) hdapendent ... X\$ 25 Minus X\$50 OR . Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= OR +360= TOTAL TOTAL ADD'L FEE OR (Calumn 1) ADD'L FEE (Column 2) (Column 3) CLAIMS HIGHEST $\boldsymbol{\omega}$ REMAINING NUMBER PRESENT AFTER RATE (\$) PREVIOUSLY ADDI-AMENDMENT EXTRA RATE (\$) Ш PAID FOR Total TIONAL ADOI-Minus TIONAL FEE (\$) Independent . (37 OFR 1.140-1) FEE (\$) X\$ 25 Minus X\$50 OR Application Size Fee (37 CFR 1.16(6)) X100 X200. OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360= OR * If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. TOTAL ' TOTAL ADD'L FEE The Trignest number Previously Paid For (Total of Independent) is the nignest number round in the appropriate pox in column 1. is collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, buding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Parient the amount of lime you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent 1 Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460,